CARTERET COUNTY PLANNING AND DEVELOPMENT DEPARTMENT APPLICATION FOR BUILDING PERMIT

Courthouse Square ♦ Beaufort, N.C. 28516-1898 Main Office (252) 728-8545 ♦ Western Office (252) 222-5833

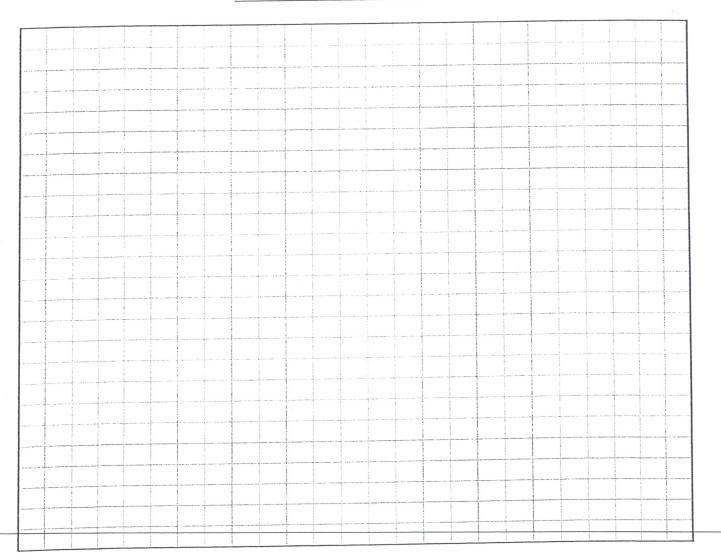
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	VLSPACE: YE						
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COMMENTS.							
CASE / PERMIT # _			FOR OF	FICIAL USE	ONLY	EV. ELEV. CERT.	BASE FLOOD
						REQ. YES / NO	ELEV. REQ. *
50' BUFFER REQUIRE	D: YES / NO	PUE	BLIC WATER RE	QUIRED: YES/	NO DECO: YES	S / NO	
JURISDICTION:			ZONING:		MAX BLDG	HT:	
SETBACKS: PRINCIPA	AL STRUCTU	RE: _	FRON	NTR	EARS	SIDESID	E ON CORNER
ACCESSO	RY STRUCT	URE: _	FRON	NTR	EAR	SIDE	
TYPE OF BUSINESS: _					NO. OF REQ. PAR	KING SPACES:	
SIGN REQUIREMENTS	S:						
COMMENTS:							
Please take this to the Ca	arteret County	Wester	rn Office for Build	ling Permit approv	vals. Your Planning	g and Zoning has bee	en approved by:
Bogue	Cedar Poin	ıt		County	Indian Beac	eh	Peletier

The applicant has certified that the information shown on the application, plans and specifications is correct and true to his/her knowledge. All work performed shall comply with the North Carolina State Building Code, Flood Damage Prevention Ordinance of Carteret County and all other regulations, rules and ordinances as applicable. Misinformation, lack of information, or statements made in error could result in revocation of all permits and subject the owner/agent to litigation in the process.

PLANNING & INSPECTIONS DEPARTMENT CARTERET COUNTY, NORTH CAROLINA

DATE:	 Show property lines with dimensions Show proposed structure with approximate dimensions
PIN:	 Show any other existing structures on property Label distance to all property lines from proposed structure
APPLICANT:	> Label road, front, rear, and sides

DRAW PLOT PLAN BELOW



APPLICANT / OWNER ZONING OFFICIAL INITIALS

Date:	Case / Permit#;	1t#;	
Carteret County Department of Planning ${\cal \&}$	Development		
Property Owner / Agent Name:			
Job Site Address:			
The subcontractors listed below will be responsible for performing the trade in which they are currently licensed at the above site address.	sible for performing the tr	rade in which they are currently licen	sed at the above site address.
<u>Trade</u> <u>Business Name</u>	License #	Representative Signature	Witness Initials & Date
Building			
E-Mail			
Electrical			
E-Mail			
Mechanical			
E-Mail			
Plumbing			
E-Mail			
Insulation			
E-Mail			
MH Set-up			
E-Mail			
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AFFIDAVIT OF WORKER'S COMPENSATION COVERAGE N.C.G.S. \$87.14

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And the second s		contractor				
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	0	fficer/Ag	ent of t	he Contr	actor o	r Owner
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obtained wor	has/have one ker's compensa	or mor	e subo	ontractor	r(6) wi	ho have
their own po	has/have one d	or more	subcont sation	ractor(a	themsel	has/have
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